

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **740261** (3)

1. Corporation Name

DESOTO-COUNTY CHAPTER #2966 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business 23 N POLK ARCADIA FL 33821 US	Mailing Address 23 N POLK ARCADIA FL 33821 US
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 08/27/1977
4. FEI Number 94-2432086
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CRAPO, MAXINE A 1768 S.W. CLOVER DR. ARCADIA FL 33821

10. Name and Address of New Registered Agent 81 Name BARR, JEANE L. 82 Street Address (P.O. Box Number is Not Acceptable) 20 TEXAS AVE 83 84 City ARCADIA FL 85 Zip Code 34266
--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeane L. Barr* (NOTE: Registered Agent signature required when reinstating) DATE *March 19, 1998*

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CRAPO, MAXINE A
STREET ADDRESS	1768 S.W. CLOVER DR.
CITY-ST-ZIP	ARCADIA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	VICTOR, MARY
STREET ADDRESS	1978 NE FLORIDIAN CIRCLE
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COLLINS, MERRY JAYNE
STREET ADDRESS	P.O. BOX 1747 N/A
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FARINA, MINNIE
STREET ADDRESS	1566 FLORIDIAN CIRCLE
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LANIER, PHYUS
STREET ADDRESS	7110 S.W. ODGEN RD.
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FARINA, SALVATORE
STREET ADDRESS	1566 FLORIDIAN CIRCLE
CITY-ST-ZIP	ARCADIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICTOR, MARY
1.3 STREET ADDRESS	1978 NE FLORIDIAN CIRCLE
1.4 CITY-ST-ZIP	ARCADIA FL 34266
2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARAF, SARAFINO
2.3 STREET ADDRESS	55 S. HILLSBOROUGH
2.4 CITY-ST-ZIP	ARCADIA FL 34266
3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARR, JEANE L.
3.3 STREET ADDRESS	20 TEXAS AVE.
3.4 CITY-ST-ZIP	ARCADIA FL 34266
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUCHIEDEL, WILLIAM
4.3 STREET ADDRESS	716 N. JOHNSON
4.4 CITY-ST-ZIP	ARCADIA, FL 34266
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEARCE, LO.
5.3 STREET ADDRESS	401 SUNSET AVE.
5.4 CITY-ST-ZIP	ARCADIA, FL 34266
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HUGHES, EMILY
6.3 STREET ADDRESS	12288 S.W. LEXINGTON PLACE
6.4 CITY-ST-ZIP	FORT ODGEN FL 34942

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeane L. Barr* *JEANE L. BARR* *March 31, 1998* *1911 404 7154*

CR2E037 (10/97)